

## Montana Communicable Disease Weekly Update: 02/06/09

### **DISEASE INFORMATION**

**Summary – Week 04 – Ending 1/31/09** – Disease reports received at DPHHS during the reporting period January 25-31, 2009 included the following conditions: various enteric conditions (campylobacteriosis, giardiasis, salmonellosis, Lyme disease (acquired out of state), rabies in a skunk in Dawson County and continued varicella activity. *NOTE: The spreadsheet has multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

**UPDATE Norovirus Activity Statewide** – Attached is a report depicting confirmed norovirus testing results from the Montana Public Health Laboratory from 2/1/09 – 2/6/09. Activity is being reported statewide and there have been several institutional clusters (see outbreak page on weekly report). *Please remember to report clusters and outbreaks to CDEpi and assist facilities with outbreaks.* Educational and informational information is available at <http://cdepi.hhs.mt.gov>.

**Influenza Surveillance – As of 01/31/09, Montana's influenza activity is REGIONAL.** Activity is increasing around the state. As of 02/06/09 there were 54 MPHL PCR confirmed cases (36% A:H1, 33% A:H3 and 36% B) of influenza in the following counties (type): Big Horn (1-A:H1); Cascade (8-A:H3); Deer Lodge (1-B); Flathead (4-A:H1); Gallatin (2-A:H3, 4-B); Lewis & Clark (3-A:H1, 1-A:H3); Missoula (4-A:H1, 2-A:H3, 4-B); Pondera (1-A:H3); Ravalli (2-B); Roosevelt (1-B); Sanders (1A:H1); Silver Bow (2-A:H1); Sweet Grass (1-B); Toole (1-A:H3) and Yellowstone (1-A:H3, 3-A:H3).

**IMPORTANT! New Influenza Report** - There are two reports attached to this weekly report:

1. A summary report that includes surveillance information on confirmed isolates and influenza-like illness (ILI) around the state. *This report will always be one week behind due to the delay in receiving ILI information from around the state.*
2. An up-to-date **characterization of H types** for influenza A cases in the state. In light of information from the CDC that H1 types are resistant to oseltamivir (Tamiflu) and in order to assist clinicians with antiviral therapeutic/prophylaxis decisions, it will be important to monitor influenza H types and provide this information in a timely fashion.

Watch the CDEpi web site at <http://cdepi.hhs.mt.gov> for updates to these two reports.

Flu season typically peaks in January or later and has been in February or March in 11 of the past 20 seasons. National weekly updates about influenza: <http://www.cdc.gov/flu/weekly/>

### **INFORMATION / ANNOUNCEMENTS**

**NEW! Surveillance Snapshot** – The most recent issue of the "Surveillance Snapshot" can be found at <http://www.dphhs.mt.gov/PHSD/epidemiology/SurveillanceSnapshots.shtml>. This issue focuses on healthcare provider vaccination for influenza.

**STD 2008 Reporting Deadline** - The Montana STD Program requests that local health departments and IHS/Tribal health departments send in chlamydia, gonorrhea and syphilis case records to the STD Program by February 16, 2009. Please make sure that reports contain all demographic data, e.g., race, date of birth and gender. If you have questions or concerns, please contact Laurie Kops, 444.2457, [lkops@mt.gov](mailto:lkops@mt.gov) or Cara Murolo, 444.2678, [cmurolo@mt.gov](mailto:cmurolo@mt.gov).

**UPDATE! Salmonella typhimurium Outbreak** – As of 2/5/09, there were 575 in 43 states with the most recent onset date 1/22/09. At this time, there have still been NO confirmed cases in Montana. For updates regarding the outbreak: <http://www.cdc.gov/salmonella/typhimurium/>. For updates to the recall: <http://www.fda.gov/oc/opacom/hottopics/salmonellatyp.html>. Please remind providers to: (1) be alert for symptoms of salmonellosis: fever, abdominal pain and diarrhea that may be bloody; (2) for patients with symptoms – ask about food history (including peanut butter and peanut butter containing products), travel,

contact with ill persons and animals 5 days prior to onset of symptoms AND obtain a stool culture to test for enteric pathogens including *Salmonella* and (3) immediately report *suspected and confirmed* cases to local public health department. Clinical isolates of *Salmonella* should be forwarded to the Montana Public Health Laboratory for further testing. The Food and Consumer Safety program is working with local sanitarians to conduct effectiveness checks related to the recalls.

***CLINICAL RESOURCE!*** **Diagnosis and Management of Foodborne Illnesses** – This primer on diagnosis and treatment of foodborne illness is directed to physicians and other health care professionals as a reminder about disease management as well as their important role in recognizing suspicious symptoms, disease clusters, and etiologic agents, and reporting cases of foodborne illness to public health authorities. <http://www.cdc.gov/mmwr/PDF/rr/rr5304.pdf>

## **REMINDERS**

***NEW!*** **Epi Cell Phones** – If you need to be out of state, please call Lydia Bloom at 406.444.0273 at least one week before you leave to have out of state cell phone service activated on your phone. This avoids unnecessary roaming charges. Please do not use 411 connect (\$1.25 for each connection) or download ringtones and/or other things to your state provided phone. Thanks for your assistance!

**24/7 Availability** – Did you know that the Epidemiology program has a phone line that is answered 24 hours a day/7days a week/365 days a year? Please call 406.444.0273 if you need immediate epidemiology assistance or consultation! The answering service will take a message and we will return the call as quickly as possible.

*This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.*